

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	WT	69607	9/24/00
<b>O.I.P.E. CLASSIFIER</b>		59	23
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>		68078	9/6/00

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	Original
1	✓
2	+
3	+
4	+
5	+
6	+
7	✓
8	+
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Claim	Date
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**BEST AVAILABLE COPY**  
 If more than 150 claims or 10 actions  
 staple additional sheet here

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